

		a Employee's social security no. [REDACTED]		Copy C--For EMPLOYEE'S RECORDS (See Notice to Employee.) OMB No. 1545-0008		
b Employer identification number (EIN) [REDACTED]		1 Wages, tips, other comp. 18000.00		2 Federal income tax withheld 135.00		
c Employer's name, address, and ZIP code SAKOON INC 275 W OLD COUNTRY RD HICKSVILLE, NY 11801		3 Social security wages 18000.00		4 Social security tax withheld 1116.00		
		5 Medicare wages and tips 18000.00		6 Medicare tax withheld 261.00		
		7 Social security tips		8 Allocated tips		
d Control number		9 [REDACTED]		10 Dependent care benefits		
e Employee's name, address, and ZIP code JOGINDER SINGH 80-55, LANGDALE NEW HYDE PARK, NY 11040		11 Nonqualified plans		C 12a See instructions for box 12 Code		
		13 Statutory employee Retirement plan Third-party sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		C 12b Code		
		14 Other NYSDI 31.20		C 12c Code		
				C 12d Code		
15 State NY	Employer's state ID number [REDACTED]	16 State wages, tips, etc. 18000.00	17 State income tax 324.00	18 Local wages, tips, etc. 18000.00	19 Local income tax 226.32	20 Locality name NYC

Form W-2 Wage and Tax Statement

2016

38-2099803 Department of the Treasury -- Internal Revenue Service

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

NTF 0487 *

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a Employee's social security no. [REDACTED]		Copy B--To Be Filed With Employee's FEDERAL Tax Return. OMB No. 1545-0008			
b Employer identification number (EIN) [REDACTED]		1 Wages, tips, other comp. 24000.00		2 Federal income tax withheld 725.04	
c Employer's name, address, and ZIP code SAKOON INC 275 W OLD COUNTRY RD HICKSVILLE, NY 11801		3 Social security wages 24000.00		4 Social security tax withheld 1488.00	
		5 Medicare wages and tips 24000.00		6 Medicare tax withheld 348.00	
		7 Social security tips		8 Allocated tips	
d Control number		9 Verification code		10 Dependent care benefits	
e Employee's name, address, and ZIP code JOGINDER SINGH 80-55, LANGDALE NEW HYDE PARK, NY 11040		11 Nonqualified plans		C 12a See instructions for box 12 Code	
		13 Statutory Retirement Third-party employee plan sick pay <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		C 12b Code	
		14 Other NYS DI 31.20 NYP FL 7.56		C 12c Code	
				C 12d Code	
15 State NY	Employer's state ID number [REDACTED]	16 State wages, tips, etc. 24000.00	17 State income tax 608.40	18 Local wages, tips, etc. 24000.00	19 Local income tax 465.78
				20 Locality name NYC	

Wage and Tax
Form W-2 Statement

2017

Department of the Treasury -- Internal Revenue Service

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